

## 2023 Benefit Summary: Prairie States (Broad HPS Network)

Service	Tier 1	Tier 2 HPS Network	Tier 3 Out-of-Network (150% of Medicare)
Deductible	\$0	\$0	
Health Reimbursement Account (HRA)	\$1,000 Family / \$500 Single <i>(Medical Co-Pay Expenses)</i>		
Preventive Care	\$0	\$0	\$100
Teladoc Visit	\$0	N/A	N/A
Physical/ Occupational/ Speech Therapy	\$0	\$50	\$100
Chiropractic Visit	\$0	\$25	\$50
Behavioral Health Visit	\$0	\$25	\$50
Primary Care Physician Visit	\$0	\$50 PCA/Mosaic/Kaukauna \$100 Other HPS Providers	\$200
Pediatric Primary Care Visit	\$0	\$50	2x Tier 2
Lab test	\$0	\$50	\$100
Specialty Office Visit	\$0	\$150	\$300
Urgent Care Visit	N/A	\$200	\$200
Emergency Room Visit	N/A	\$500	\$500
Inpatient Facility per day	N/A	\$1,500	\$3,000
Outpatient Procedures	\$0	\$1,000	\$2,000
X-Ray & low-end imaging	\$0	\$100	\$200
Imaging (CT/MRI/PET, etc.)	\$0	\$500	\$1,000
DME/Prosthetics	\$0	\$100	\$200
Pharmacy	\$0 Certain Preventative Drugs Tier 1 - Generic \$5 Tier 2 - Brand Preferred \$30 Tier 3 - Brand Non-Preferred \$90 Specialty Rx available at no cost to member through ScoutRx		
Maximum Out-of-Pocket (Pharmacy)	\$2,000 / \$4,000		
Maximum Out-of-Pocket (Medical)	\$3,000 / \$6,000		\$6,000 / \$12,000